Profile on Smoke-free Environments in the South-East Asia Region

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FOREWORD

I am pleased to note that a publication entitled "Profile on Smoke-free Environments in South-East Asia Region" is being released on the occasion of World No-Tobacco Day 2007 the theme for which is "Smoke-Free Environments". Research in the South-East Asia Region suggests that exposure to second-hand smoke (SHS) among the population, in general and among women and children in particular, both at home, at public places and at workplaces is a cause for grave concern in the Region. Tobacco use and exposure to SHS are also major contributors to the huge burden of tobacco disease in the Region.

Although existing measures in Member States of the Region to control smoking and to protect people from exposure to SHS are inadequate, it is encouraging to note that the campaign for smoke-free environments is growing and gaining ground across the Region. Member States in the Region are developing and strengthening measures to protect the population from exposure to SHS. However, the policies and legislation in this regard need to be adequate and effective to ensure a smoke-free environment.

This "Profile on Smoke-free Environments in South-East Asia Region" provides an overview of the situation on smoke-free policies in the Region as a whole and highlights the existing measures in this area and their comparative analysis. The document should serve as a reference guide for countries to learn about the best practices in the Region. Countries may also consider adapting some of the best practices as needed for developing and strengthening their own mechanisms to achieve this year's World No-Tobacco Day theme of "Smoke-free Environments".

Samlee Plianbangchang

Samlee Plianbangchang, M.D., Dr. P.H.

Regional Director

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Executive Summary

The level of exposure to second-hand smoke (SHS) among women and children inside homes and in public places is alarming in the South-East Asia Region. Since most of the adult males smoke inside homes and in public places in the presence of children and women, pregnant mothers and adult male nonsmokers are also exposed to SHS in the Region.

An estimated 25 million school children are exposed to second-hand smoke in public places in the Region. Most students, however, would favour a ban on smoking in public and workplaces. Tobacco use and exposure to SHS are major contributors to the chronic disease burden in the Region. If these trends continue, South-East Asia would become one of the most affected Regions by the tobacco epidemic.

The campaign for smoke-free environments is gaining ground across the Region. A growing number of countries are now declaring more and more places as smoke free. Article 8 of the WHO Framework Convention on Tobacco Control (FCTC) to which 10 out of 11 member countries in the Region are Party, provides for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places by adopting and implementing effective legislative, executive, administrative and other measures. While Bangladesh, India, Myanmar, Sri Lanka and Thailand have enacted tobacco control legislation, which, among other things, ban smoking in schools, hospitals, workplaces and public places. Bhutan, DPR Korea, Indonesia, Maldives and Nepal in the Region also have laws in the form of a decree or executive order or cabinet decision to protect people from second-hand smoke. Besides these government initiatives, campaigns for smoke-free environments are also being spearheaded by the private sector and communities. However, most of these measures are partial and do not provide for a complete ban. Moreover, their implementation and enforcement need to be more effective.

Making environments 100 % smoke-free is the most effective way to protect the public, including women, children, and people at their workplaces from exposure to second-hand tobacco smoke. Countries in the Region need to develop and strengthen smoke-free policies and legislation and enforce the same to reduce exposure to second-hand smoke not only to protect the health of non-smokers and the public in general but also for overall health development in the Region.

Introduction

Second-hand smoke (SHS) is a mixture of thousands of chemicals, at least 250 of which are known to cause cancer in humans. There is no safe level of exposure to SHS. Exposure to SHS causes serious disease and death in the non-smoking population. The most recent major report on SHS risks was released in September, 2005 by the California Environmental Protection Agency's Air Resources Board. In the adult population, SHS causes lung cancer; nasal sinus cancer; breast cancer in younger (primarily pre-menopausal) women, heart disease and heart attacks, asthma induction and exacerbation. The report also stated that SHS harms children, infants and reproductive health through acute lower respiratory tract illness (such as pneumonia and bronchitis), asthma induction and exacerbation, chronic respiratory symptoms, middle ear infection, lower birth weight babies and Sudden Infant Death Syndrome (SIDS).

Just as tobacco companies refuse to acknowledge that SHS is harmful, they also claim that smoke-free environments will harm businesses like restaurants and bars. On the contrary, dozens of studies of sales, tax and employment data from smoke-free businesses show without exception that smoke-free laws have either a neutral or a positive impact on their revenue. It was found that most guests prefer a non-smoking room when traveling and do not smoke in any part of the hotel, including public areas. The concern for public safety, the welfare and well-being of hotel guests, as well as the financial implications based on the above findings have prompted many hoteliers worldwide to embrace the campaign for smoke-free environments.

It is found that common smoking and non-smoking areas, or smoking rooms in buildings with a common ventilation system, contaminate the clean air. Increased ventilation can increase the comfort level but does not provide adequate protection from toxins generated by SHS. A ventilation system that could clear the air of smoke would need to have the force of a hurricane which is not the case in practice. The only effective way to provide protection from SHS is to make all indoor environments completely smoke-free.

Increased awareness of the considerable health risks posed by SHS in public places and concern for public safety have led to an active global movement to impose a total ban on smoking in public places. An increasing number of places and entities around the world are being declared smoke-free by adopting provisions for necessary policy and legislation that provide for fines and penalties for violating these measures. However, due to enforcement, smoking in public places is still prevalent in most countries in the Region.

This document provides information on smoke-free laws in countries of the Region, a brief analysis of the popular perception and support for a ban on smoking in public, as well as the extent of exposure to SHS by different groups of people. It also contains initiatives by local government, educational institutions, hospitals, workplace associations, businesses, communities and the private sector for smoke-free environments.

Smoke-free Environments in the South-East Asia Region

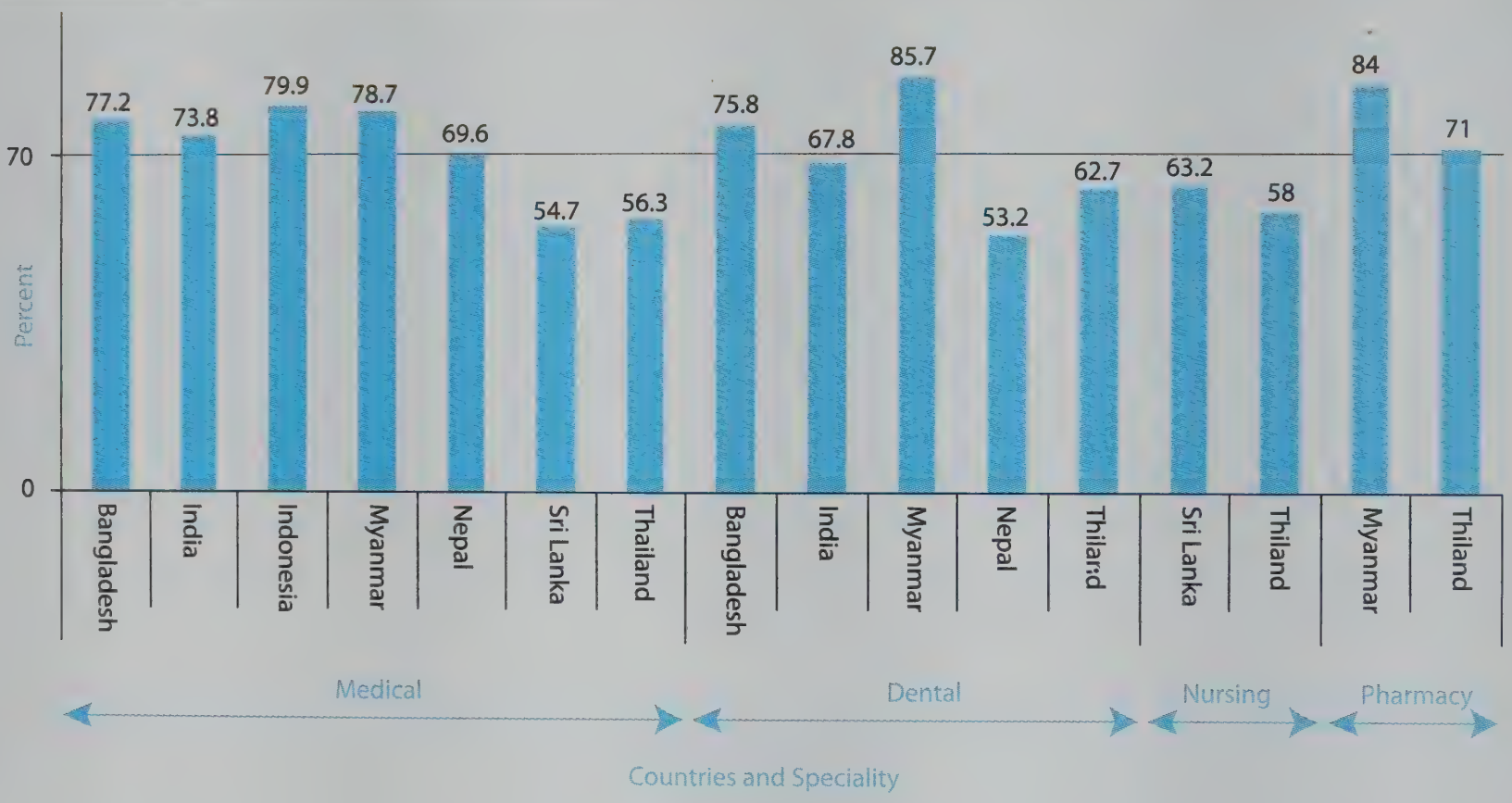
In all countries of the Region, there are some measures banning smoking in public places. However, the measures are not adequate nor are they enforced effectively. According to the Global Youth Tobacco Survey (GYTS), the percentage of students exposed to cigarette smoking in public places varied from 81.4% in Indonesia to 40.3% in India. Over two third of students are exposed to cigarette smoking from others in public places in Indonesia, Maldives, Sri Lanka, Thailand and Timor-Leste. Less than half of the students are exposed to smoking from others in public places in Bangladesh, India and Myanmar (Figure1).

Figure 1: Percentage of students exposed to second-hand tobacco smoke in public places, by Member country, GYTS 2001–06

According to the Global Health Professional Students Survey (GHPSS), generally, 7 out of 10 students covered in the survey reported exposure to second-hand smoke in public places in 8 of 16 GHPSS sites in 7 Member countries of the Region (Figure2).

Convention provides for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, in other public places. Governments, the private sector, communities and civil society organizations are

Figure 2 : Exposure to second-hand smoke by Health Professional students in public places, by member country and speciality, GHPS, 2005–06



Hospitals and medical institutions are expected to be completely smoke-free. Paradoxically, smoke free environments exist in less than half of health education institutes in eight of 16 GHPSS sites (Figure 3).

There is popular support to ban smoking in public places and smoke-free initiatives are generating momentum in the Region. The WHO FCTC to which ten out of 11 Member States in the Region are Parties, has been an encouraging development to promote smoke-free environments in the Region. The launching initiatives for creating and expanding the smoke-free environments.

As per the GYTS, more than 80% of school students in 6 Member countries of the Region are in favour of banning smoking in public places (Figure 4).

According to GHPSS in seven Member countries, over 90% of health professional students are in favour of banning smoking in all enclosed spaces and in restaurants (Figure 5 and 6).

Figure 3: Percentage of colleges with an official policy banning smoking in college buildings and clinics by Member country and speciality, GHPS, 2005–06

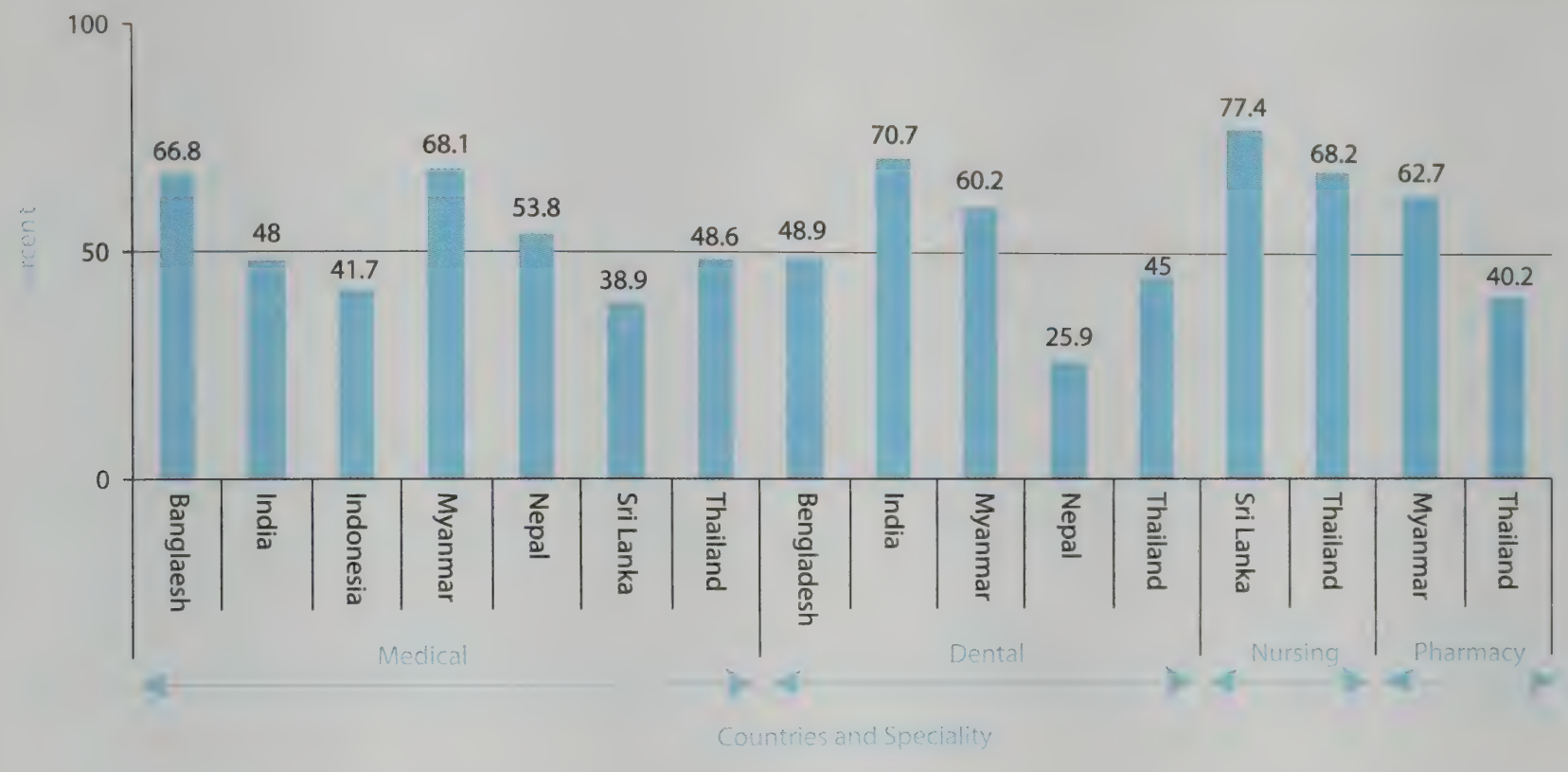


Figure 4: Percentage of students who favour a ban on smoking in public places, by Member country, GYTS, 2001–06

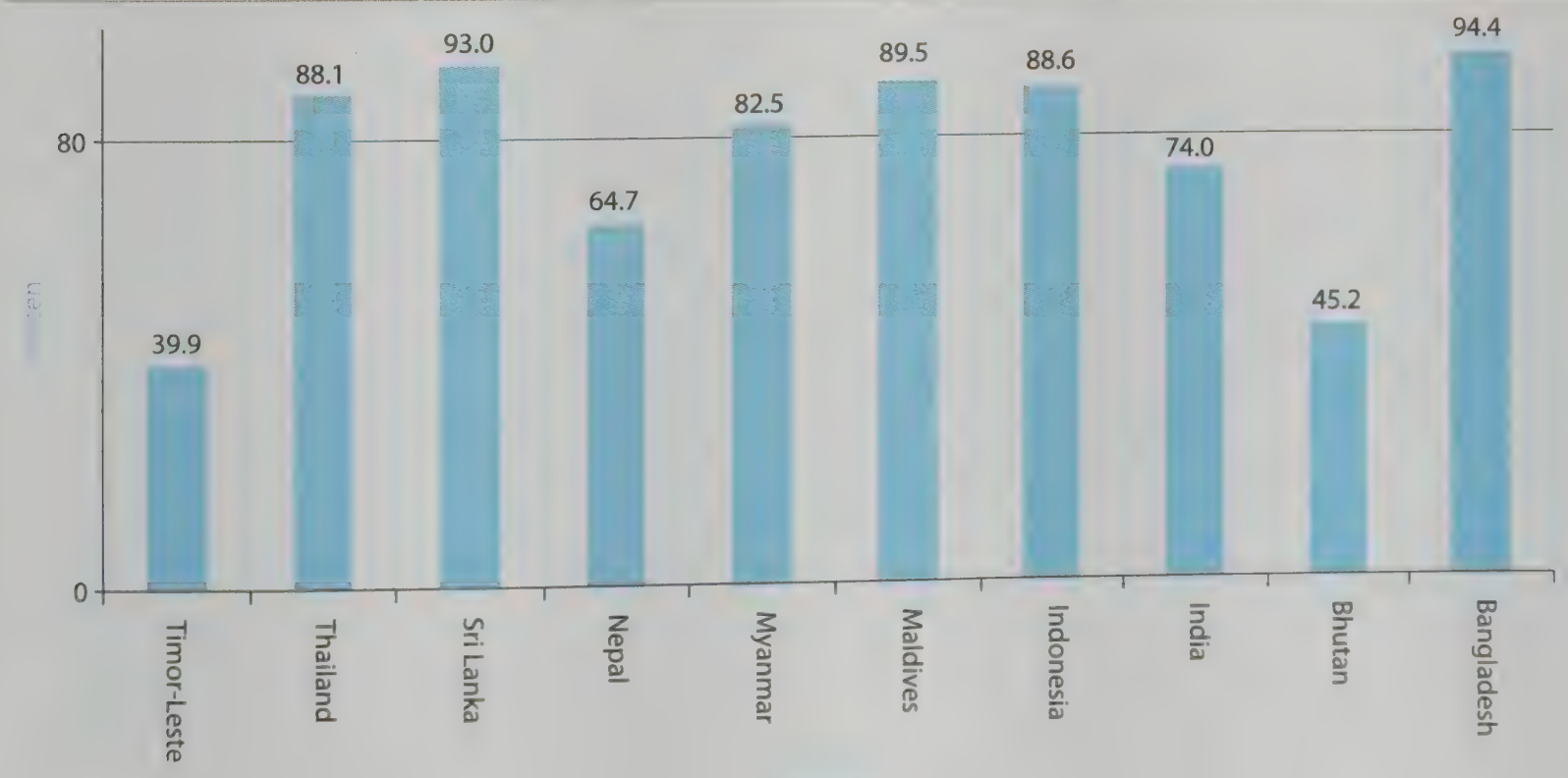


Figure 5: Health Professional students supporting a ban on smoking in all enclosed spaces, GHPSS, 2005–06

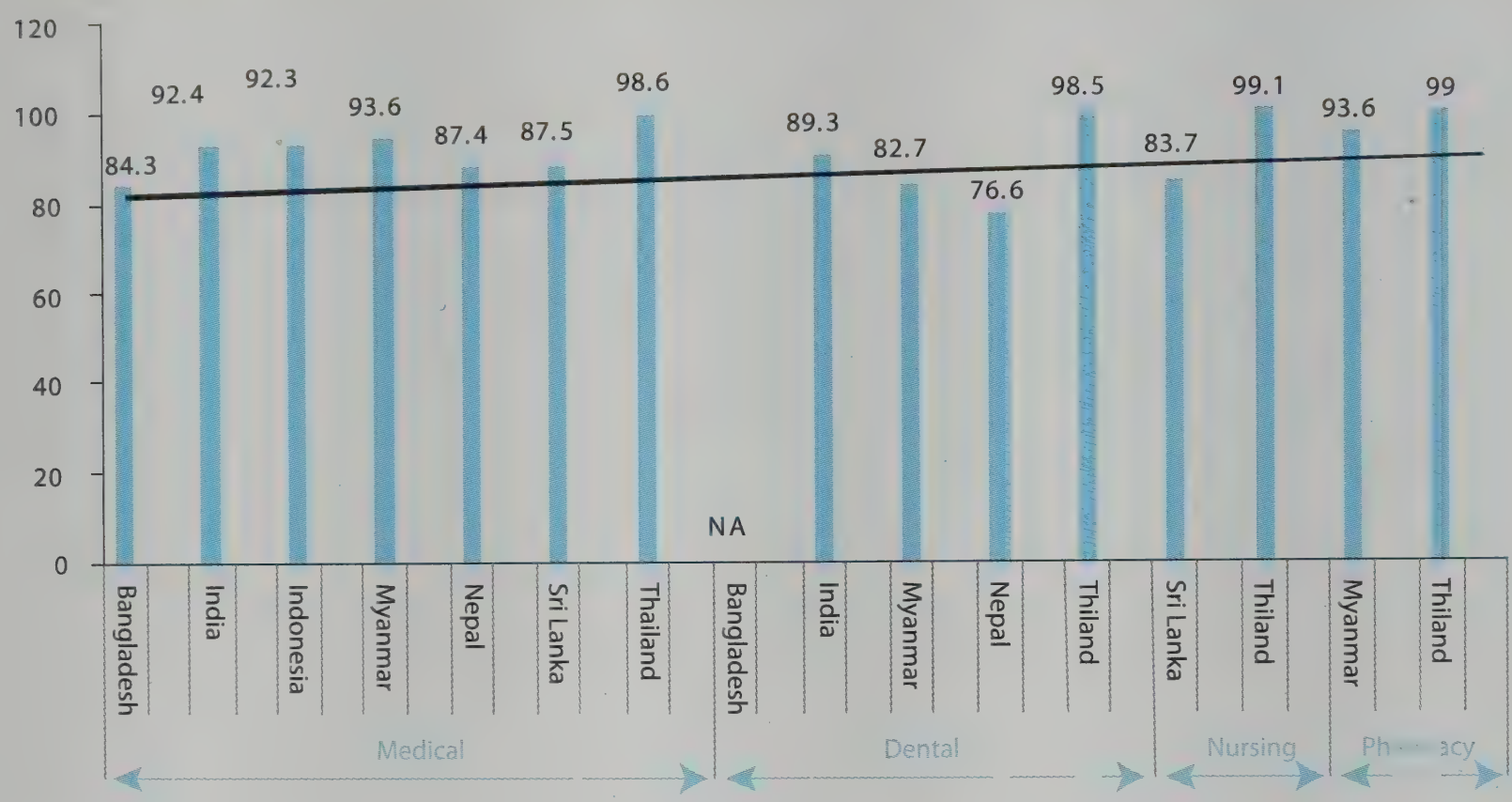


Figure 6: Health Professional students supporting a ban on smoking in restaurants, GHPSS, 2005–06

Country Situation

Bangladesh

The Bangladesh Tobacco Control Act 2005 made provisions for creating smoke-free environments. The Act prohibits smoking in public places and on public transport. It also defines "Public Places" which include educational institutions, government, semi-government and autonomous offices, libraries, lifts, hospitals and clinics, court buildings, airports, seaports, river port buildings, railway stations, bus terminals, ferries, cinema halls, covered exhibition centres, theatres, shopping centres, public toilets, government administered or private children's parks and any or all other places as declared by the government through notification in the Official Gazette; "Public Transport" includes motor cars, buses, trains, trams, ships, launches, all kinds of mechanized public transport, aircraft and any other transport determined or declared by the Government by notification in the Official Gazette.

The Act assigns responsibility to the owner, caretaker or controlling person or manager of a public place and public transport to mark or designate a smoking area therein. The boundary, description, equipment and security arrangements of the smoking area in a public place or a public vehicle have been prescribed by "Rules". The "Rules" have made schools, hospitals and public transport with one compartment completely smoke-free.

In addition to the government, NGOs based in rural areas have also launched smoke-free initiatives in remote areas of Bangladesh. They have launched tobacco-free health settings and schools.

Smoke-free Rural Health Centre in Bangladesh

Ekhlaspur Centre of Health is a nongovernmental organization for the promotion of health in a remote outlying area of Bangladesh.

Tobacco-Free School in rural Bangladesh

Ekhlashpur primary school

Tobacco-Free Initiative by the university in Bangladesh

On March 26, 2005, the Government of Bangladesh banned smoking or any use of tobacco in public places and educational institutions. From that day, the Bangladesh Rural Advancement Committee (BRAC) University authority declared its campus smoke-free.

Smoke-free restaurant in Bangladesh

Mr Manir Hossain Kajol owner of a popular restaurant in Dhaka, said "My restaurant is four years old, and has been smoke-free from the beginning. ……'No smoking' signs are in English but everyone understands by picture. I am the gainer, not the loser, by making this place smoke-free. My customers, especially families, often thank me for making the restaurant smoke-free. They tell me that my restaurant's environment is healthy, and that this is a good place to bring kids. "Some guests present in the restaurant said "We are all smokers, but we never smoke here, because it's not possible to do so."

Mr Abdul Alim, Manager of a group of restaurants and Mr Mohammed Helal, Manager of a Hotel have the same view that families want to visit their restaurants and hotels and their income has gone up since they declared their restaurants tobacco free. Visitors to these hotels and restaurants said "Although we're both smokers, we never smoke here, since it's non-smoking. That's not a problem for us. If it's really that important to smoke, you can just go outside, there's plenty of place outside to smoke, no problem. If our friends come with us, they do the same, they don't smoke here."

Bhutan

The ban on smoking in public introduced on February 18, 2005 was made effective from March, 2005. The ban forbids people from lighting up at government offices, hospitals, schools, parks and shopping centres, among other places. Smoking is also banned in all shops, shopping complexes, supermarkets, showrooms, exhibition halls, hotels, bars and restaurants, discotheques, snooker rooms,

health clubs, sports and games centres, playing fields and related offices, all offices, including those in the private sector, hospitals, schools and training centres, Dzongs, monasteries and goenpas and their vicinity and museums; public meetings, Tschechu and festivals and national celebrations/receptions, vegetable markets, bus and taxi stands, all buses and taxis.

The country has banned the sale of tobacco products across the country. This tobacco-free campaign was initially launched at the district level and gradually all 20 districts have been declared tobacco-free.

DPR Korea

DPR Korea has designated tobacco-free places under a government decree in July 2005 which include all government buildings, all health and educational facilities, all cultural buildings including theatres, movie halls and museums, all public service establishments including shops and restaurants, all public transport and their associated buildings (bus, train, car, airplane, stream, subway and waiting room, station, airport, and all areas of fire hazards).

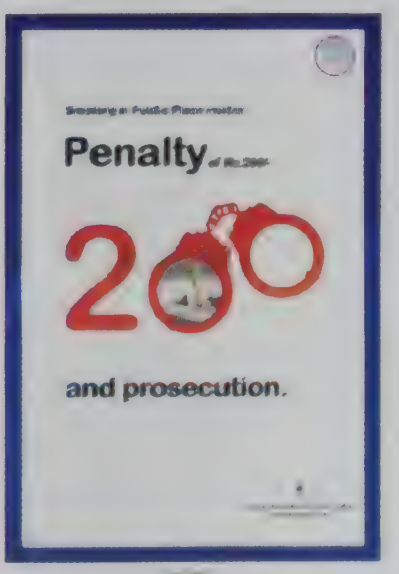
India

Under the "Cigarettes & Other Tobacco Products Act, 2003", the Government of India has strictly prohibited smoking in all public places and on public transport. As per the Act, a 'public place' has been defined as any place to which the public have access, whether as of a right or not, and includes auditoriums, hospital buildings, railway waiting rooms, amusement centres, restaurants, public offices, court buildings, educational institutions, libraries, public conveyances and the like that are visited by the general public. This definition of public places is very comprehensive and covers all possible enclosed public places. Through a further notification, the Government has also prohibited smoking in some open spaces like open auditoriums, railway stations, bus stops and such other places where persons could be exposed to second-hand smoke. Implicitly, the law prohibits smoking in other places (where smoking is considered to be the norm than an exception) to which the public has access whether by right or otherwise such as private clubs, bars, discotheques, and private workplaces that are visited by the public.

The rules framed under this Act were promulgated for the whole of India with effect from 1st May 2004. Under these rules, the owner or manager of the public place has to ensure that a board with the message, "No Smoking Area- Smoking here is an offence" has to be prominently displayed. Under the Act, hotels having 30 rooms or restaurants having more than 30 seats or more and airports can designate a separate area for smoking. As per the rules, the smoking and non-smoking areas have to be physically segregated.

With the objective to create a model that other public offices can emulate, a smoke-free drive was launched in Nirman Bhavan, the building that houses the Ministry of Health & Family Welfare and the WHO India office. "No Smoking" signs and illustrative posters were displayed at prominent places in the building. A task force and an anti-tobacco squad was set-up for its proper implementation.

Authorization badges issued to the members of the anti-tobacco squad



Anti-tobacco posters displayed at Nirman Bhawan

Various universities in India including the Annamalai University's, and the Rajah Muthiah Medical College Hospital have taken initiative of creating a tobacco-free educational institution.

The Annamalai University's, Rajah Muthiah Medical College Hospital has undertaken an initiative for creating a tobacco-free educational institution. The university organized a sensitization workshop on tobacco control for the students and staff. A rally was organized by the NSS wing of the university where around 1300 students organized a rally in the 975-acre university campus raising slogans and carrying placards containing messages against tobacco use. The Vice-Chancellor declared the university as a Tobacco Free Educational Institution and issued orders banning smoking, consumption of tobacco, liquor, narcotic and inebriating items inside the university campus.

Launch of the initiative for tobacco free educational institution at Annamalai University, Tamil Nadu

This is a tobacco free school: Courtesy School of Preventive Oncology, Patna

Several initiatives for making schools tobacco-free are underway. A number of schools run by the central government as well as private schools have been declared tobacco-free. In Bihar, with support from local NGOs, a few state government-run schools have been declared tobacco-free.

The tobacco-free campaign has also spread to rural areas in India. With the intervention of a local NGO, one village in India has been made tobacco-free.

Community Initiative

Following the death of a poor 40-year old woman in village Chinchgohan — Bherokheda (Khandwa district in Madhya Pradesh) due to mouth cancer, as a sequel to heavy use of Gutka . Villagers realized that gutka chewing was responsible for premature death. Community people including school kids, met one evening and unanimously decided that products which cause such a disease and death should not be sold in the village, as a result no one in future repeats this kind of suffering. All 30 grocers and "paan" venders took an oath to stop the sale of tobacco products by them. On viewing this news telecast from Indore by Sahara & ETV channels, villagers were awarded by the district administration.

Tobacco-Free village in India

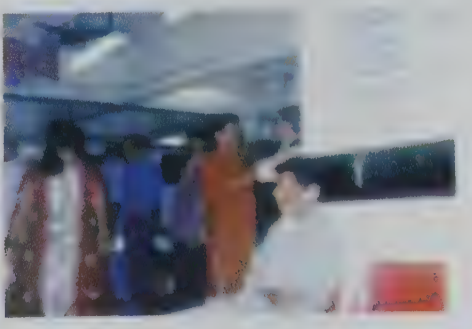
Tobacco-Free Workplace Initiative

Interventions have been conducted in many corporate offices all over the country to make them completely smoke free.

In India, MoHFW/WHO and an NGO took the initiative to protect all employees from the health hazards associated with active and passive smoking, to restrict smoking in the workplace, and to offer assistance to employees and dependents interested in quitting the habit. As a result Motor Industries Company Ltd. (MICO)/MICO BOSCH in Bangalore and Naganathapura, Moser Baer, Noida and Whirlpool industrial unit, Faridabad declared their units tobacco-free

In Patna, India with the initiative of School of Preventive Oncology several workplaces and offices declared them smoke free

Smoke-free Electricity supply office, Patna



Smoke-free Bank, Patna

Indonesia

Article 22 of National Law No 19 of 2003, defines public places, health facilities, workplaces and places that are specifically intended for educational activities, children's play grounds, prayer places and public conveyances as smoke-free zones. Leaders and persons responsible for public places and working places have been asked to designate areas for smoking, equipped with exhaust ventilators to ensure that tobacco smoke does not circulate among non-smokers. The law also urges regional governments to determine their own "Smoke-free zones".

Some provinces have also enacted their own smoke-free laws. Under *Bogor, Non-smoker's Protection Regulation No.17, 2004* a ban on smoking has been placed in areas like health facilities, places for teaching and learning, places of worship, and children's playgrounds, with a provision for designated smoking areas. The *Jakarta smoke-free areas Regulation No.75,* was issued in June 2005 to support regulation on air pollution control which has come into effect from February 2006. The regulation asks owners of buildings, offices, schools, houses of worship and drivers of public transportation vehicles to enforce it. It also includes the list of public places. Public transport like trains, taxis, buses, public mini vans have been declared smoke-free under this regulation.

Some businesses have also taken initiatives to create smoke-free environments. Among them, a smoke-free restaurant has been launched.

Smoke-free Restaurant

Maldives

A number of regulations have been passed prohibiting smoking in public places since 1984. These regulations ban smoking at official gatherings and receptions, in all health facilities, in the compounds of educational institutions, in and around 100 metres of sports complexes and stadiums, in all government offices/ buildings, on ferries, air-conditioned restaurants and short distance public land and sea transport.

With the initiative taken by the local community, four islands, Meemu Atoll Madifushi, Haa Alif Atoll Berinmadhoo, Haa Alif Atoll Hathifushi, and Haa Dhalu Atoll Nolhivaranfaru, have been declared Tobacco Free. Efforts are underway to expand the smoke-free island campaign across the country.

Myanmar

The Tobacco Control Act, 2006 which is effective from May 2007 provides for smoke-free environments. Hospital buildings, offices, compounds and other buildings in the compound except staff houses and apartments in the hospital compound, medical treatment centres and clinics; stadiums and indoor playing fields, children's drill sheds and playgrounds; teaching buildings, classrooms, offices, compounds and other buildings in the compound except staff houses and apartments in the school compound, teaching buildings of universities, degree colleges, colleges and institutes, classrooms and offices, opera houses, cinema halls, video halls and other buildings of entertainment, marts, department stores, stores and market sheds, museums, archives, public libraries and reading rooms, elevators and escalators, motor vehicles and aircraft for passenger transport, air-conditioned public rooms, public auditoriums; teaching buildings and classrooms of private tuition classes and training schools, other public compounds, buildings and places prescribed through notification by the Ministry of Health have been designated as completely by smoke-free areas.

The Act also provides for a partial ban with provision of smoking areas. These include buildings of offices and departments, factories and workshops, hotels, motels, guest houses and lodging houses, railway stations, airports, ports and highway bus terminals, restaurants, trains and vessels for passenger transport, other public buildings, rooms and places prescribed through notification by the Ministry of Health.

Tobacco-Free School in Myanmar:

Smoke-free Rural Health Centre in Myanmar

The government has also launched a campaign for effective implementation of the Act. Local communities are being involved in creating smoke-free environments.

Nepal

In Nepal, an executive order from the cabinet, in 1993 (BS 2049) prohibits smoking in various public places like the secretariat of the Council of Ministers including the meeting hall of the Council of Ministers, ministries, departments, offices as well as government-owned corporations, organizations, teaching institutes, health facilities, cinema halls, theatres, public buildings, buses, trolley buses, mini buses, domestic flights, working places of industries and factories. However, much more efforts are needed to implement and enforce these measures. Anti-tobacco legislation has been drafted for adoption by the Parliament. Legislation has been proposed for effective protection from exposure to SHS in line with the WHO FCTC.

Sri Lanka

The National Authority on Tobacco and Alcohol Act, effective from December 1, 2006 bans smoking in all enclosed public places. Previous legislative provisions prohibited smoking in buses and trains (under the Transport Board Law and Railway Ordinance) and state institutions. Under the 2006 Act, no person shall smoke or allow any person to smoke any tobacco product within any enclosed public spaces. Public places include any government department, statutory authority or public institutions, office premises, banks, court house, auditorium, sports complex, hospital, clinic, dispensary, laboratory, school, university or other educational institution, library, museums, places of worship, hotel, guest house, lodge, hostel, restaurant, club, internet café, cinema, theatre, supermarket, airport, a waiting room in a railway station or bus terminal, any public conveyance, building any built area and lift. The Act however, allows hotels having 30 or more rooms, restaurants or clubs having a seating capacity of 30 persons or more and airports to make provisions for non-smoking areas.

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Thailand

Thailand has a variety of smoke-free policies, Acts and Regulations. The Ministerial Announcement of 2006 on the Non-Smokers' Health Protection Act B.E. 2545 (2006) has notified a complete ban on smoking in schools, public transport, most of the public places, and work places. However, the Act also provides for a ban limited to air-conditioned areas such as cultural centres, hotels, food courts and some more public places and work places. The Act has also made provisions for ban with non-smoking area in places which include administration agencies, state enterprises and some private work places, public transport stations and air ports and in some of the areas in hospitals and universities.

Thailand has banned smoking in health settings with some exceptions. Some hospitals have taken initiatives to declare them completely smoke-free.

With the intervention of the government and of the private sectors, many workplaces in Thailand have been declared smoke-free.

Smoke-free dental hospital.

Peoples' support for ban on smoking in public places

Smoke-free home initiative in Thailand

Smoke-free workplace

Private Sector Initiative for Ban on Smoking

The Thai Hotel Smoke-free Programme, launched by the Green Leaf Foundation

Seventeen Thai hotel groups (Dusit Thani Hotel, Bangkok, Dusit Resort Hua Hin, Dusit Resort Pattaya, Grande Ville Hotel, Malaysia Hotel, P.P. Erawan Palms Resort, Panviman Koh Chang Resort, Paradise Beach Resort Samui, Phanganburi Resort & Spa, Phi Phi Natural Resort, Quality Suites Airport Bangkok, Royal Princess Srinakarin, Royal Princess Larn Luang, Samui Amanda Resort, Siam City Hotel, Siam Bayshore Resort and Siam Bayview Hotel) under the banner of the Green Leaf Foundation has launched the Smoke Free Hotel Programme, and set a new smoke free hotel standard. This is supported by the Thai Health Promotion Foundation. As a result of the programme, the number of smokers in hotels is expected to be reduced to 40% and 80% of the participating hotels are expected to recruit non-smoking staff. The timely launch of the programme reflects a concerted response by various sectors of the Thai hospitality and tourism industry and the Thai community to these concerns.

Timor-Leste

Being a newly-independent country, Timor Leste does not have any stipulated smoke-free policy or legislation. The country is a Party to the WHO FCTC and is currently formulates of national tobacco control legislation that would cover all aspects of tobacco control measures, including protection from SHS as stipulated in the Convention. However, there are private sector initiatives for smoke free environments. A number of public places like hospitals, schools and airports are partially smoke-free and the scope of smoke-free environments is expected to be widened under tobacco control legislation in future.

Conclusion

Implementation of non-smokers' rights is an important element for creating smoke-free environments. Designating smoke-free places and enacting and enforcing appropriate policies and laws can reduce tobacco use significantly among smokers and can protect non-smokers from the harmful effects of exposure to second-hand smoke. Governments and communities need to work together to create smoke-free environments.

One of the effective measures to protect people from the harmful effects of SHS is to develop a policy for smoke-free zones and implement it most effectively. Strict enforcement of a smoke-free policy will also help to restrain people from smoking which could lead to them quitting the dangerous habit altogether.

A completely smoke-free environment is the only effective strategy to reduce exposure to SHS.

Governments need to develop and enact policies/laws requiring all indoor workplaces and public places to be completely smoke-free. Laws should ensure universal and equal protection for all. Voluntary policies are not an acceptable response to implement and enforce these measures in the most effective way.

Awareness campaigns through public education, media advocacy and communication is key to implement smoke free policies. Appropriate strategies need to be developed to involve the private sector and communities to ensure success for the campaign for smoke-free environments.

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Smoking and exposure to second-hand smoke (SHS) are major contributors to the chronic disease burden in the South-East Asia Region. Due to weak tobacco control measures, especially inadequate measures in the area of SHS, a very large population in the Region is exposed to SHS.

The regional profile on Smoke-free Environments depicts the situation with respect to exposure to SHS in the Region. It also describes briefly the existing measures in the Region for protecting people from SHS exposure.

Making environments completely smoke-free is the most effective way to protect the population from exposure to SHS everywhere, including public places and workplaces. This can only be done by developing and strengthening smoke-free policies and legislation, and enforcing the same.

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